MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 63-018434

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1235

FILED MAY 3 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN:
Length of stay in 1b: 4 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: #1 Thornhedge Dr.
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN:
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): #1 Thornhedge Dr.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NORMAN Middle I. Last BAILEY
4. DATE OF DEATH: Month April Day 12 Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-6-1887
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Architect
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Fort Scott, Kans.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William T. Bailey
13b. MOTHER'S MAIDEN NAME: Lyle Lockwood
14. NAME OF HUSBAND OR WIFE: Antoinette Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of servi: None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Antoinette Bailey Address: Valley Park, Mo. #1 Thornhedge

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Feb. 24, 1961, to April 12, 1963 and last saw him alive on April 4, 1963
Death occurred at 5:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: S. E. Smith (Degree or title) M.D.
22b. ADDRESS: 325 N. Kirkwood Rd. Kirkwood 22, Mo.
22c. DATE SIGNED: 4/13/63
23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 4-15-1963
23c. NAME OF CEMETERY, OR CREMATORY: Valhalla Crem.
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.
24. FUNERAL DIRECTOR: Pfitzinger Mort-Kirkwood 22, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 4-13-63
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.